

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09751014

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3		1	1			
4			1			
5			1			
6			1			
7		1	1			
8		1	1			
9		1	1			
10	1		1			
11		1	1			
12		1	1			
13		1	1			
14		1	1			
15		1	1			
16		1	1			
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18		1	1			
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50						
TOTAL IND.	3	1	4	1		
TOTAL DEP.	17	1	15	1	1	
TOTAL CLAIMS	20	1	19	1	1	

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
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99				
100				
TOTAL IND.		1	1	
TOTAL DEP.		1	1	1
TOTAL CLAIMS		1	1	1

BEST AVAILABLE COPY